## Fiscal Year 2022 National Summer Transportation Institute Statement of Work

#### **Transmittal Sheet**

#### **University/College Host Site**

Address:

Project Director:

Phone: E-Mail:

## **State Transportation Agency Liaison:**

Name: Crystal McIntyre

Title: Internal EEO Coordinator

Phone: 603-271-2467

E-Mail: Crystal.A.McIntyre@dot.nh.gov

#### Federal Highway Administration (FHWA) Division Office Representative

Name: Wanda Hughley-Culbertson

Title: Civil Rights Specialist

Phone: 603-410-4860

E-Mail: Wanda. Hughley-Culbertson@dot.gov

The host site must complete this form and return it with its Statement of Work to NHDOT.

# Fiscal Year 2022 National Summer Transportation Institute Statement of Work Application

## **Section A: Program Information**

Host site:			
State:		(NH)	
Congressional District Number(s):			
FHWA Funding Proposed Allocation:		\$50,000.00	
Is this a new NSTI?			
Years Hosting NSTI:			
Program Length for Session I:			
Program Length for Session II:			
Program Length for Session III:			
Total Weeks (All Session Combined)			
Program Dates:		From	То
Anticipated Number of NSTI Students:			
Total NSTI Program Length:			
FAA ACE Academy:			
ACE Academy Location:			
Anticipated Number of ACE Studen	nts:		
Select Type of Program:	Residential		Non-Residential
Select Grade Levels:	Junior High School		High School
	(or Middle; Grades 7-8; 7-9)		(grades 9-12; 10-12)
Priority (if applicable, rank 1-5)		l	

#### **Section B: Program Overview**

In this section host site, must provide a one to two-page synopsis of how it plans to implement this year's NSTI program. The synopsis should address program objectives explained in *Attachment 2* of the Call for Statements of Work memorandum and include specific measures. Include a description of curriculum, specific field trips planned, and examples of planned enhancement activities.

### **Section C: Program Administration**

- 1. Recruitment and Student Selection Procedures
- **2.** Staffing Requirements (*Tab A*)
- **3.** Intermodal Advisory Committee (*Tab B*)
- **4.** Specific-Named Partners (*Tab C*)
- **5.** Implementation Plan (*Tab D*)
- **6.** Program Cost Excel Budget Spread Sheet (*Tab E, PDFs not accepted*)
- 7. Program Curriculum (STEM-Focused); must include activity schedule
  - Academic
  - Enhancement
  - Sports/Recreation (only for residential programs)
  - Follow-up Survey of Students

Note: Please review your application to ensure it is accurate & complete the Excel budget spreadsheet.

Host Site representative with authority to APPROVE this Sta	tement of Work:
Name:	
Signature:	
Title:	
Date:	
The proposed work plan and budget has been reviewed. By signi requirement identified in the most recent desk reference:	ng this, we agree that this meets all the
State DOT representative with authority to APPROVE this $\boldsymbol{S}$	tatement of Work:
Name:	
Signature:	
Title:	
Date:	
Internal Use Only The Division Office has reviewed the Host Site package. The prosupporting documentation has been reviewed. The submission is	
Recommended for approval Not recommended for approval.	
Name:	Date:
Signature:	